FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAY 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000089 (2)

1. Corporation Name
FRIENDS OF PUBLIC EDUCATION, INC.

Principal Place of Business	Mailing Address
ONE S.E. 3RD AVE. SUITE 1450 MIAMI FL 33131	ONE S.E. 3RD AVE. SUITE 1450 MIAMI FL 33131

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 06/16/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0481047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEIBOWITZ, MATTHEW
ONE S.E. 3RD AVE.
SUITE 1450
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	COHEN, JEFFREY		12 NAME	
STREET ADDRESS	3060 ALTON RD.		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COHEN, MONI		22 NAME	
STREET ADDRESS	3060 ALTON RD.		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		24 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KRASSNER, SHERRI		32 NAME	
STREET ADDRESS	2040 N. BAY RD.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KRASSNER, BRAD		42 NAME	
STREET ADDRESS	2040 N. BAY RD.		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		44 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LEIBOWITZ, MATTHEW		52 NAME	
STREET ADDRESS	8 W. RIVO ALTO DR.		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		54 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	LEIBOWITZ, DEBRA		62 NAME	
STREET ADDRESS	8 W. RIVO ALTO DR.		63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/1/96 305-530-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #